



Medicaid Information Bulletin

July 2000



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00 - 60 Medicaid Budget Hearing for Fiscal Year 2002

The Department of Health invites you to attend a special Medical Care Advisory Committee (MCAC) meeting to obtain public input on the Medicaid and UMAP (Utah Medical Assistance Program) budgets for Fiscal Year 2002. The meeting will be held Thursday, July 20, 2000 from 4:00 p.m. until 6:00 p.m. at the Jubilee Center, 309 East 100 South in Salt Lake City.

Fiscal Year 2002 is July 1, 2001 through June 30, 2002. The MCAC is an advisory group which recommends funding and program directions to the Department of Health and the Governor.

If you know of special medical needs not being met by the Medicaid or UMAP programs, or want to speak on a budgetary matter of importance to you, please come prepared to make a short (no more than five minutes) presentation to the Committee. Copy services will be provided if you have a handout. **SIGNED PETITIONS ARE ENCOURAGED.** Your input will assist the MCAC in recommending a budget that will be more representative of Medicaid and UMAP providers and clients.

If you cannot attend the public hearing, but would like to write to the Committee about special medical needs, please mail comments by Monday, July 3, 2000, to:

MCAC
Box 143103
Salt Lake City, UT 84114-3103

□

00 - 61 Codes NOT Authorized for an Assistant Surgeon

The list Codes NOT Authorized for An Assistant Surgeon in the Utah Medicaid Provider Manual for Physician Services has been revised, based on parameters of

the Clinically Based Computer Auditing Program being developed for implementation. (Refer to Bulletin 00 - 62.)

(1) Codes Allowed for An Assistant Surgeon

The 2000 CPT Manual contained many replacement codes for various laparoscopy procedures. An assistant surgeon should have been allowed on the following four new codes for laparoscopic cholecystectomy: 47562, 47563, 47564, 47570. These CPT codes have been removed from the list; that is, the procedure is covered by Medicaid and also for an assistant surgeon.

(2) Codes NOT Authorized for An Assistant Surgeon

Certain CPT codes have been added to the list because the procedures are covered by Medicaid but NOT covered for an assistant surgeon. The effective date is July 1, 2000. The codes are in the list below.

Codes NOT Authorized for An Assistant Surgeon

Effective July 1, 2000, the following CPT codes are not covered for an assistant surgeon:

20936
21142, 21143, 21154
21600, 21620
25360
27050
27615, 27646
27705, 27709
27050
27065, 27066
27080
27448
30150
30160
31075
31081
49560
49565
51060
51980
54900

List Updated

The list Codes NOT Authorized for An Assistant Surgeon has been updated to include the changes stated above. If you would like a copy of the corrected list, please contact Medicaid Information. □

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00 - 62 Claims Payment System: Clinically Based Computer Auditing Program To Be Effective October 1, 2000

In the April issue of the Medicaid Information Bulletin, it was announced that Medicaid would implement a clinically based computer auditing program on July 1, 2000. The implementation date is anticipated to be October 1, 2000. For your convenience, the remainder of Bulletin 00 - 31, Clinically Based Computer Auditing Program, published April 2000, is repeated below. Please note there are two corrections to the original article: the implementation date and a new item is added to the list of new edits. The new item is the second one in the list and begins "billing of an E/M code and a service/procedure code. . . ."

The Division of Health Care Financing is preparing to adopt a clinically based computer auditing program. Similar programs are already in use locally by some commercial third party payers. Programming changes are being made to the Medicaid claims payment system, Medicaid Management Information System (MMIS), to support the auditing program. The program incorporates correct coding principles and industry accepted standards and guidelines to identify appropriate procedures for provider billing and reimbursement.

October 2000 is the target date for program implementation. Additional information about the implementation of this program will be provided in a subsequent Medicaid Information Bulletin. However, as the auditing program is implemented, it may not be possible to provide notification of every individual revision or anticipated change which will be established.

Medicaid policy regarding coding principles and industry accepted standards and guidelines will remain the same. Medicaid will not change current policy and review processes for services requiring prior authorization, for procedures considered cosmetic, experimental or unproven, and for the use of unlisted or nonspecific procedure codes.

Adding computer support means claim edits will be applied more consistently. Some individualized editing will be built in to more fully support existing Medicaid Policy. Changes which result from implementation of the auditing program are expected to result in more appropriate payment for services. The new edits may affect claims and payment in the areas of:

- ▶ new and established visit coding;
- ▶ billing of an E/M code and a service/procedure code

for same date of service, same visit;

- ▶ unbundling of services including pre and post operative care;
- ▶ laboratory testing;
- ▶ unilateral/bilateral procedures;
- ▶ billing of incidental procedures;
- ▶ billing of mutually exclusive procedures;
- ▶ billing of duplicate procedures;
- ▶ conflicts of age and/or sex in relation to a specific procedure; and/or
- ▶ billing for use of an assistant surgeon in cases where it is not appropriate.

When the program is fully implemented, the MMIS system will deny an inappropriate code, identify the correct code for reimbursement, provide an explanation, and pay the claim. □

00 - 63 Dental Services: Clinically Based Computer Auditing Program

In the April issue of the Medicaid Information Bulletin, it was announced that Medicaid would implement a clinically based computer auditing program on July 1, 2000. The implementation date has been moved to October 1, 2000. For your convenience, the remainder of Bulletin 00 - 32, published in April, is repeated below.

Beginning October 1, 2000, dental claims will require tooth number and surface fields as well as the appropriate code. Dental providers must be accurate on tooth numbering, tooth surfaces, and quadrant or arch location codes.

Acceptable tooth surface coding is up to five spaces: I (incisal), M (mesial), D (distal), L (lingual), B (buccal), F (facial), O (occlusal). Acceptable quadrant location codes are double alpha codes placed in the tooth number field of the ADA claim form: LL (lower left), UL (upper left), LR (lower right), UR (upper right), and arch codes in the same field: UA (upper arch), and LA (lower arch). Codes requiring the quadrant or arch codes are space maintainer codes – unilateral spacers are tooth specific and bilateral spacers are arch specific. Acceptable tooth letter / numbers are: Primary, A through T; Permanent, 1 through 32.

For more information about the clinically based computer auditing program, refer to Bulletin 00 - 62. □

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00 - 64 Atypical Antipsychotics Require a Specific ICD-9 Code

All prescriptions for atypical antipsychotics require a specific ICD-9 code from the list in this bulletin for a period of at least six months starting July 1, 2000. The prescription will be approved only if the physician writes the code out to the first decimal place on the prescription and the pharmacist enters that code into the diagnosis field. Without the required code, the prescription will be denied.

Physicians are encouraged to use subclassifications to the fourth and fifth digit when possible. The DUR Board has directed the drug program managers to collect utilization data on this group of drugs preparatory to a broad based drug utilization review study.

ICD-9 DIAGNOSIS and SUBCLASSIFICATION

290.0 senile dementia, uncomplicated
 290.1 presenile dementia
 290.10 presenile dementia, uncomplicated
 290.11 presenile dementia with delirium
 290.12 presenile dementia with defusional features
 290.13 presenile dementia with depressive features
 290.2 senile dementia with delusional or depressive features
 290.20 senile dementia with delusional features
 290.21 senile dementia with depressive features
 290.3 senile dementia with delirium
 290.4 arteriosclerotic dementia
 290.40 arteriosclerotic dementia, uncomplicated
 290.41 arteriosclerotic dementia with delirium
 290.42 arteriosclerotic dementia with delusional features
 290.43 arteriosclerotic dementia with depressive features
 290.8 other specified senile psychotic conditions
 290.9 unspecified senile psychotic condition
 291.2 other alcoholic dementia
 291.3 alcohol withdrawal hallucinosis
 291.5 alcoholic jealousy
 291.8 other specified alcoholic psychosis
 291.81 alcohol withdrawal
 291.9 unspecified alcoholic psychosis
 292.11 drug-induced organic delusional syndrome
 292.12 drug-induced hallucinosis
 292.81 other specified drug-induced mental disorders, drug induced delirium
 292.84 other specified drug-induced mental disorders, drug-induced organic affective syndrome
 292.89 other
 293.0 acute delirium
 293.1 subacute delirium
 293.81 organic delusional syndrome
 293.82 organic hallucinosis syndrome
 293.83 organic affective syndrome

293.84 organic anxiety syndrome
 293.89 other
 293.9 unspecified transient organic mental disorder
 294.1 dementia in conditions classified elsewhere
 294.8 other specified organic brain syndromes (chronic)
 294.9 unspecified organic brain syndrom (chronic)
 295.0 simple type
 295.1 disorganized type
 295.10 disorganized type, unspecified
 295.2 catatonic type
 295.20 catatonic type, unspecified
 295.3 paranoid type
 295.30 paranoid type, unspecified
 295.4 acute schizophrenic episode
 295.40 acute schizophrenic episode, unspecified
 295.5 latent schizophrenia
 295.6 residual schizophrenia
 295.60 residual schizophrenia, unspecified
 295.7 schizo-affective type
 295.70 schizo-affective type, unspecified
 295.8 other specified types of schizophrenia
 295.9 unspecified schizophrenia
 295.90 unspecified schizophrenia, unspecified
 296.0 manic disorder, simple episode
 296.03 manic disorder, single episode, severe, without mention of psychotic behavior
 396.04 manic disorder, single episode, severe, specified as with psychotic behavior
 296.1 manic disorder, recurrent episode
 296.2 major depressive disorder, single episode
 296.23 major depressive disorder, single episode, severe-unspecified
 296.24 major depressive disorder, single episode, severe-unspecified
 296.3 major depressive disorder, recurrent episode
 296.33 major depressive disorder, recurrent episode, severe-unspecified
 296.34 major depressive disorder, recurrent episode, severe, specified as with psychotic behavior
 296.4 bipolar affective disorder, manic
 296.43 bipolar affective disorder, manic, severe, without mention of psychotic behavior
 296.44 bipolar affective disorder, manic, severe, specified as with psychotic behavior
 296.5 bipolar affective disorder, depressed
 296.53 bipolar affective disorder, depressed, severe, without mention of psychotic behavior
 296.54 bipolar affective disorder, depressed, severe, specified as with psychotic behavior
 296.6 bipolar affective disorder, mixed
 296.63 bipolar affective disorder, mixed, severe, without mention of psychotic behavior
 296.64 bipolar affective disorder, mixed, severe, specified as with psychotic behavior
 296.7 bipolar affective disorder, unspecified
 296.73 bipolar affective disorder, unspecified, severe, without mention of psychotic behavior
 296.74 bipolar affective disorder, unspecified, severe, specified as with psychotic behavior
 296.8 manic-depressive psychosis, other and unspecified

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ICD-9 DIAGNOSIS and SUBCLASSIFICATION

- 296.80 manic-depressive psychosis, unspecified
- 296.81 atypical manic disorder
- 296.82 atypical depressive disorder
- 296.89 other: manic-depressive psychosis, mixed type
- 296.9 other and unspecified affective psychoses
- 296.90 unspecified affective psychosis
- 296.99 other specified affective psychoses
- 297.1 paranoia
- 297.3 shared paranoid disorder
- 298.8 other specified early childhood psychoses
- 298.9 unspecified psychosis
- 299.0 infantile autism
- 299.00 infantile autism, current or active state
- 299.10 Disintegrative psychosis, current or active state
- 299.8 other specified early childhood psychoses
- 299.80 other specified early childhood psychoses, current or active state
- 300.12 psychogenic amnesia
- 300.13 psychogenic fugue
- 300.14 multiple personality
- 300.15 dissociative disorder or reaction, unspecified
- 300.3 obsessive compulsive disorders
- 300.6 depersonalization syndrome
- 301.0 paranoid personality disorder
- 301.13 affective personality disorder, cyclothymic disorder
- 301.20 schizoid personality disorder, unspecified
- 301.22 schizotypal personality
- 301.83 borderline personality
- 304.60 other specified drug dependence, unspecified
- 305.90 other, mixed, or unspecified drug abuse, unspecified+E33
- 307.0 stammering and stuttering
- 307.1 anorexia nervosa
- 307.2 tics
- 307.21 transient tic disorder of childhood
- 307.22 chronic motor tic disorder
- 307.23 Gilles de la Tourette's disorder
- 309.81 prolonged posttraumatic stress disorder
- 310.1 organic personality syndrome
- 312.30 impulse control disorder, unspecified
- 312.34 intermittent explosive disorder
- 312.39 other
- 312.8 other specified disturbances of conduct, not elsewhere classified
- 312.81 other conduct disorder
- 312.9 unspecified disturbance of conduct
- 313.81 oppositional disorder
- 313.89 other or mixed emotional disturbances of childhood or adolescence, other
- 314.00 attention deficit disorder, without mention of hyperactivity
- 314.01 attention deficit disorder, with hyperactivity
- 314.9 attention deficit disorder, unspecified hyperkinetic syndrome
- 333.82 orofacial dyskinesia
- 333.90 unspecified extrapyramidal disease and abnormal movement disorder

□

00 - 65 Drugs Placed on Prior Approval:
Xenical® (orlistat);
Tamiflu® (oseltamivir phosphate);
Aggrenox® (asa/dipyridamole)

This past quarter, the DUR Board has been active in modifying select aspects of the drug program. Several drugs have been placed on prior approval. These include Xenical® (orlistat), Tamiflu® (oseltamivir phosphate), and Aggrenox® (asa/dipyridamole). These are briefly described below. The Drug Criteria and Limits List contains the complete criteria. Pharmacists and providers of physician services will find attached pages 1 - 2 and 21 through 26 to add to this list. Text which is changed or newly added on these pages is marked by a vertical line in the margin.

Xenical® (orlistat)

Effective July 1, 2000, Xenical® (orlistat) is covered with prior approval for the adjunctive treatment of hypercholesterolemia.

Tamiflu® (oseltamivir phosphate)

Tamiflu® (oseltamivir phosphate), like Relenza® (zanamivir), is another new agent for influenza A and influenza B. Both were added to the formulary with a prior approval placed on each one from the onset. Relenza® (zanamivir) was added to the Drug Criteria and Limits List in January 2000. Relenza® has been moved to be on the same page as Tamiflu®.

Aggrenox® (ASA/dipyridamole)

Aggrenox, the new agent for "the reduction of risk of stroke in patients who have had transient ischemia of the brain or completed stroke due to thrombosis", is covered with prior approval.

Index added to Drug Criteria and Limits List

Due to the number of drugs now included on this list, an alphabetical index has been added for your reference and convenience. □

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00 - 66 Pharmacy: One Dispensing Fee Per Month for Clients in Long Term Care Facilities

Effective July 1, 2000, Medicaid implements computer programming to support the one dispensing fee per month policy for clients in long term care facilities. Schedule-2 narcotics are exempted. Programming is specific for same drug, same strength, same dosage form and same pharmacy.

To review the policy, refer to the Utah Medicaid Provider Manual for Pharmacy Services, SECTION 2, Chapter 4 - 5, Drugs for Nursing Home Patients. As a reminder to pharmacists, this manual is available on the Internet at:
www.health.state.ut.us/medicaid/html/pharmacy_manual.htm

□

00 - 67 Oral Surgeons and Billing an HMO

If a Medicaid recipient is assigned to an HMO, the HMO should be billed when the oral surgery procedure is the result of an accident or is an emergency. The procedure most likely will occur in an emergency room or hospital. Typically, the procedure can be billed using the CPT codes recently opened to oral surgeons. If the procedure is truly dental and not medical in nature and not the result of an accident, the procedure should be billed to Medicaid directly and not the HMO.

SECTION 2, Oral Maxillofacial Surgeon Services, Chapter 1 - 10, Emergency Services, (page 4) has been updated to include the explanatory paragraph above. If you would like a copy of SECTION 2 updated to include this information, please contact Medicaid Information or use the Publication Request Form attached to this bulletin.

For more information on clients assigned to an HMO, refer to the Utah Medicaid Provider Manual for Oral Maxillofacial Surgeon Services, SECTION 2, Chapter 1 - 2, Clients Enrolled in a Managed Care Plan, and Chapter 1 - 3, Clients NOT Enrolled in a Managed Care Plan (Fee-for-Service Clients).

Remember, when billing Medicaid using CPT codes, use the HCFA 1500 form. If using dental codes, use the ADA form. □

00 - 68 Medical Supplies: Customized Wheelchairs for a Patient Residing in a Long Term Care Facility

Specialized wheelchairs may be authorized for long term care patients and patients residing at home. However, the definition of specialized wheelchair is a wheelchair “specially constructed by size or design.” This means the frame and/or attachments must be uniquely constructed for the patient. This definition does not include chairs that a manufacturer takes stock items from his regular stock and assembles a customized wheelchair that fits the needs of the patient.

Customized wheelchair are covered by Medicaid for a patient residing at home. For a patient residing in a long term care facility, customized wheelchairs are the responsibility of the facility and are paid in the per diem rate. Wheelchairs for patients residing in long term care facilities were, in the past, mistakenly reimbursed by Medicaid as specialized wheelchairs when they were actually customized wheelchairs by Medicaid’s definition.

Beginning July 1, 2000, requests for customized wheelchairs for a patient residing in a long term care facility will be denied. Medical suppliers should look to the facility for reimbursement.

This clarification had been added to SECTION 2 of the Utah Medicaid Provider Manual for Medical Suppliers, Chapter 2 - 9, Wheelchairs. Medical suppliers will find attached pages 12 - 13 and 18 - 19 to update SECTION 2. Text which is newly added on these pages is marked by a vertical line in the margin. □

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00 - 69 Medicaid Announces the Results of Two Child Health Measures

State Medicaid programs are required to report on the percentage of children who receive well-child (CHEC) visits. The report format is known as the HCFA-416. The report format was changed in this reporting period, though the bottom line, the "Participation Ratio" calculation remains the same. The federal target level for the overall participation level is 80%. Utah reported the following numbers for federal fiscal year 1999:

Age group	Total	< 1	1-2	3 -5	6 -9	10 -14	15-18	19 -21
Number of children ¹	130,972	23,821	21,812	23,139	21,814	19,680	13,839	6,867
Participation Ratio ²	80%	83%	59%	69%	100%	90%	100%	100%
Number of children referred for follow up treatment ³	382	44	100	137	55	30	16	0
Children who received preventive dental services ⁴	8,268	7	516	2,200	2,618	2,065	779	83
Children receiving blood lead level tests ⁵	207	102	90	15				

Footnotes

- 1 The number of children reflects an unduplicated count of all children enrolled in Medicaid during the reporting period.
- 2 The 'Participation Ratio' reflects the percent of children who received at least one well-child (CHEC) visit during the time period. Note this does not mean that children received all visits recommended on our periodicity schedule, but that this percent of the children received at least one visit.
- 3 The number of children referred for follow up treatment from one of those well-child (CHEC) visits is very low. We believe that health care providers do refer children for follow up treatment based on what they find during the well-child visit, but are not informing us. Please remember to use the CF modifier with the CPT4 well-child code when submitting claims.
- 4 The number of children who receive preventive dental services is low. We encourage families to take children to the dentist for preventive care twice a year. Please help us by reminding parents of the importance of oral health.
- 5 The number of children who receive blood lead level tests is also very low. Children ages 0 to 72 months should have a verbal assessment of their risk for exposure to lead. Children at high risk and those who are 12 and 24 months should have a blood lead level test.

Please refer to the Utah Medicaid Provider Manual for CHEC Services for information on protocols for the well-child (CHEC) visits.

Utah is one of seventeen states participating in the Health Care Financing Administration's Government Program and Results Act (GPRA) Immunization Measure. This is a four year project, though Utah Medicaid intends to make this a regular report. All fifty states will eventually measure the percent of two-year-old children enrolled in Medicaid who are fully immunized. The state may determine the measurement methodology and define fully immunized. The Immunization Program in the Division of Community and Family Health, **Bureau of Maternal and Child Health**, has been an active partner in this measure.

We chose to define 'fully immunized' as 4 DtaP, 3 Polio, 1 MMR, 3 Hep B, and 3 Hib. We selected a sample of 400 children who turned two during the base line year and who had been enrolled in Medicaid for at least six continuous months. We looked at records from our MMIS claims system and the Utah Immunization Information System (USIIS). We also sent surveys, followed up with phone calls, to the families of those children. We used the survey to gather information about family attitudes regarding immunizations and about who provided immunizations to the children. We were able to gather information on almost half the children in our sample. We followed up by contacting the health providers identified by the families to gather additional information on immunizations given to these children.

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The information collected was input to a CASA program. We could identify only 19% of the children in our sample as fully immunized. Our current challenge is data. **The Utah Immunization Information System (USIIS)** is not fully populated. USIIS provided some data on about 25 of the children in our sample. Our **Medicaid Management Information System (MMIS)** could only provide information on the Y4600 code we asked you to use to claim the administration fee, but not on the CPT4 codes you use to report the vaccines given.

Programing is underway to correct this problem. While we had wonderful cooperation from most of the health care providers we contacted for information, not all provided the requested information. We are looking at ways to collect all information from the health providers in the future, such as working with the Immunization Program to conduct targeted CASA audits.

For more information on either of these child health measures, please contact Julie Olson at 801-538-6303 or by E-mail: jolson@doh.state.ut.us

00 - 70 Client Information and Education

Articles sent to Medicaid clients in the quarterly newsletter Clientell are published on the Internet. An index of articles is on the Internet at:
www.health.state.ut.us/medicaid/html/clientell_index.htm

Below is a list of Clientell articles sent recently to Medicaid clients. Also, for those unfamiliar with Medicaid's monthly newsletter, there is information about the newsletter at the end of this bulletin.

December 1999

- *Get Ready for Winter*: Preparing for Emergencies and Y2K
- *Got the Blues?*: Symptoms of depression, mental health services
- *Health Clinics of Utah*: Four locations to serve anyone in Utah.
- *Resources*: Telephone numbers for health related information and referral services, including HMO's
- *Clientell*: quarterly publication by Health Department

March 2000

- *The Wonders of a Child - Baby Watch Program*: Baby Watch checks child development and services
- *Barriers to Health Care Services*: Tips on being a more responsible Medicaid client.

June 2000

- *Free Summer Meals for Children (Summer food Program)*: Explains how children may participate and receive free, nutritious meals.
- *Environmental Tobacco Smoke and Its Effect on Children's Health*: Explains secondary smoke and health problems for children.
- *Office of Ethnic Health in Department of Health assists minorities with health care*: Explains services offered by the Office of Ethnic Health
- *Foster Grandparent and Senior Companion Programs*: Programs that offer service opportunities for people age 60 and older.
- *Resources*: Telephone numbers for health related information and referral services, including HMO's

Medicaid Client Newsletter Clientell

The Clientell is a quarterly publication by the Division of Health Care Financing which is mailed to all households receiving a Medicaid card. The purpose is to educate and inform clients of Medicaid policies, procedures and other issues. It is also a tool to share community resources.

Articles will be compliant with the Medicaid information and communication requirements of the Balanced Budget Act of 1997 (BBA). That act requires states to provide information about Medicaid managed care that is easy for clients to understand. The Utah Medicaid population is a very diverse group of people. Our goal is to make the information easily understood and sensitive to literacy barriers and cultural differences in this population.

Copies of Clientell articles are available on the Internet at www.health.state.ut.us/medicaid/html/clientell_index.htm. Copies may be printed and freely distributed for nonprofit, educational purposes.

The editor of the Clientell is Randa Pickle, Consumer Advocate for the Division of Health Care Financing. We welcome suggestions for articles from providers and other interested parties. Please call 1-877-291-5583 or e-mail suggestions to rpickle@doh.state.ut.us. □

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00 - 71 Audiology: Hearing Aid Rental

Medicaid will cover rental hearing aids for two months while a hearing aid is being repaired. Use code V5299 for reimbursement for hearing aid rental per month. This code requires prior authorization. Code V5299 has been added to the list of audiology codes, following code V5010, Hearing aid assessment. Also, the policy on hearing aid rental has been separated into its own heading on page 6 in SECTION 2, Audiology (Hearing) of the Utah Medicaid Provider Manual.

Audiologists will find attached three pages to update SECTION 2: Pages 1, 6 - 7 and 10 - 11. Text which is changed or newly added on these pages is marked by a vertical line in the margin. An asterisk (*) marks where text is newly removed. □

00 - 72 Mental Health Centers: SECTION 2 Updated

SECTION 2 of the Utah Medicaid Provider Manual for Mental Health Centers has once again been updated. Non-substantive changes were made to three manuals related to mental health services so that all common chapters in SECTION 2 read the same as much as possible. The three manuals are Mental Health Centers, Substance Abuse Treatment Services, and DHS Diagnostic and Rehabilitative Mental Health Services.

Mental Health centers will find attached pages 1 through 17 to update SECTION 2 of their provider manual. Please keep the Index which is page 18. Text which is changed or newly added on these pages is marked by a vertical line in the margin. □

00 - 73 Substance Abuse Treatment Services: SECTION 2 Updated

SECTION 2 of the Utah Medicaid Provider Manual for Substance Abuse Treatment Services has been updated. Non-substantive changes were made to three manuals related to mental health services so that all common chapters in SECTION 2 read the same as much as possible. The three manuals are Mental Health Centers, Substance Abuse Treatment Services, and DHS Diagnostic and Rehabilitative Mental Health Services.

Providers of substance abuse treatment services will find attached the revised pages to update SECTION 2 of their provider manual. Text which is changed or newly added on these pages is marked by a vertical line in the margin. □

00 - 74 DHS Diagnostic and Rehabilitative Mental Health Services: SECTION 2 Updated

SECTION 2 of the Utah Medicaid Provider Manual for DHS Diagnostic and Rehabilitative Mental Health Services has been updated. There are two types of changes:

1. Non-substantive changes were made to three manuals related to mental health services so that all common chapters in SECTION 2 read the same as much as possible. The three manuals are Mental Health Centers, Substance Abuse Treatment Services, and DHS Diagnostic and Rehabilitative Mental Health Services.

Also, an alphabetical index has been added.

2. Three residential treatment programs and procedure codes were added to SECTION 2. The programs are:
 - Comprehensive Residential Treatment Services
 - Residential Treatment Services
 - Family Based Residential Services

Also, a chapter (1 - 11) has been added to describe collateral services which may be billed.

DHS contractors will find attached the revised pages to update SECTION 2 of their provider manual. Text which is changed or newly added on these pages is marked by a vertical line in the margin. □

Internet site: www.health.state.ut.us/medicaid

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- by FAX: 1-801-538-0476
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00 - 75 Targeted Case Management for the Chronically Mentally Ill Manual

A typographical error in SECTION 2, Chapter 2 - 2, of the Utah Medicaid Provider Manual for Targeted Case Management for the Chronically Mentally Ill has been corrected. On page 6, Chapter 2 - 2, the last part of item F, should read, "... nor is time spent transporting a client or a client's family members;". Targeted case managers for the chronically mentally ill will find attached pages 6 - 7 to update SECTION 2 of their manual. □

00 - 76 Inmates Not Entitled to Medicaid Services

When a Medicaid client is an "inmate of a public institution" (including jail), Medicaid services are not a benefit even though the client has a Medicaid card. The penal facility is responsible for all medical expenses incurred during the client's stay including medical treatment, medical supplies and prescriptions. It is not appropriate for a third party to use the Medicaid card to pick up medications/supplies for someone that is in jail and deliver them to the inmate. Medicaid may recover funds paid under these circumstances. References: 42 CFR 435.1008 and 1009

SECTION 1 Updated

The paragraph above has been placed in the Utah Medicaid Provider Manual, SECTION 1, GENERAL INFORMATION, as a new Chapter 2 - 5 on page 12. The copy of SECTION 1 which is available on the Internet has been updated to include this new chapter:

www.health.state.ut.us/medicaid/SECTION1.pdf

□

00 - 77 Magnetic Source Imaging / Magnetoencephalography (MSI/MEG) is Not Covered

Magnetic Source Imaging/Magnetoencephalography (MSI/MEG) is currently a noncovered Medicaid service. The federal agency, Health Care Financing Administration (HCFA), has not published any guidelines for coverage of this procedure, and there is inadequate information in the published literature documenting that the use of MSI/MEG is effective in identifying or influencing the management of neurosurgical candidates.

Because there is no ICD.9.CM or CPT code to identify MSI/MEG for billing and payment purposes, some providers bill using an "unspecified" code and send the required documentation for review. However, there is no supporting information on coverage of MSI/MEG so this service will not be paid.

Medicaid staff will continue to review the literature and address coverage when guidelines and coding are available.

□

00 - 78 Electronic Copies of Medicaid Information Bulletins and Index

Medicaid Bulletins published since April 1997 are on the Internet. You can find the links to both the current and past bulletins at:

www.health.state.ut.us/medicaid/html/provider.html

There is also an Index to Medicaid Information Bulletins on the Internet. The Index has an alphabetical list of articles by keywords and title and also a chronological list of bulletins by date published. The Index is at:

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□

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